

EXHIBIT D



May 3, 2013

7198 1 FP 0.433
***MIXED AADC 720 R:7198 T:29 P:36 PC:2 F:185901
FIEGER, FIEGER, KENNEY
19390 W. TEN MILE
SOUTHFIELD, MI 48075

COPY

For Information Only



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MAY -- 6 2013

Fieger, Fieger, Kenney,
Giroux and Danzig, P.C.

May 3, 2013

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***MIXED AADC 720 R:7198 T:29 P:36 PC:2 F:185901
MILDA E MATTILA
984 HEARTHSIDE ST
SOUTH LYON, MI 48178-2041

Beneficiary Name: MATTILA, MILDA E
Medicare Number: 384123594B
Case Identification Number: 20130 85090 00178
Date of Incident: June 01, 2012

Dear MILDA E MATTILA:

This letter follows a previous letter notifying you of Medicare's priority right to recovery as defined under the Medicare Secondary Payer provision. To date, Medicare has not paid any claims that currently appear related to the beneficiary's pending settlement, judgment, or award for the above-referenced incident.

It is possible that Medicare may have paid claims related to the date of incident but may not have



been retrieved and/or included for the following reasons: the nature of the injury or illness has not been provided or is incomplete, or all claims have not been submitted by the providers. However, Medicare may pay related claims in the future. Therefore, when the case does settle, please complete the attached, "Final Settlement Detail Document" and return it to us. Upon receipt of the completed documents, we will perform a final search of Medicare claims history and notify you if a refund is due Medicare.

Please note: If the underlying claim involves ingestion, exposure, implantation, or other non-trauma based injury, Medicare may have excluded the paid claims related to your case. Please contact the MSPRC immediately with a description of the injury so that we may associate the appropriate claims with the case.

Should conditional payment information become available, it will be posted under the "MyMSP" tab of the www.mymedicare.gov website. The information at www.mymedicare.gov will be updated weekly with any changes or newly processed claims. If you wish, you may track the medical expenses that were paid by Medicare, and if you have an attorney or other representative, provide him/her with this information. This may help you/ your attorney with finalizing your settlement.

If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220 (TTY/TDD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address below. When sending any correspondence please provide the Beneficiary Name, Medicare Health Insurance Claim Number (the number on the Medicare card), and Case Identification Number (if known). This will allow us to associate the correspondence to the appropriate records.

Sincerely,

MSPRC

Enclosure: Final Settlement Detail Document

CC: FIEGER, FIEGER, KENNEY



Final Settlement Detail Document

Beneficiary Name: MATTILA, MILDA E

Medicare Number: 384123594B

Date of Incident: June 01, 2012

When a beneficiary receives a settlement, judgment, award, or other payment, Medicare is entitled to recover associated payments made by the Medicare program. If certain conditions are met, Medicare reduces its conditional payment to take into account a proportionate share of the costs incurred in resolving the beneficiary's claim. **See 42 C.F.R. 411.37.** In general, the recovery demand must be against the individual or entity that received payment, the costs must have been incurred because the matter was disputed, and the costs must be paid by the individual or entity against whom/which Medicare seeks recovery. There is no proportionate reduction if payment is not in dispute - for example a payment for no-fault insurance.

In order for Medicare to properly calculate the net refund it is due, please supply the information outlined below. This information will also be used to update the beneficiary's records to show resolution of this matter. If you have a representative, this information should be submitted by your representative on his/her letterhead.

Total Amount of the Settlement:

Total Amount of Med-Pay or PIP:

Attorney Fee Amount Paid by the Beneficiary:

Additional Procurement Expenses Paid by the Beneficiary:

(Please submit an itemized listing of these expenses)

Date the Case Was Settled:

Description of Injuries:

_____/_____/_____

This information should be submitted **along with a copy of this notice** to:

MSPRC LIABILITY
PO BOX 138832
OKLAHOMA CITY, OK 73113

If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220(TTY/TDD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address above. If you contact us in writing, please be sure to include the beneficiary's name and his/her Medicare health insurance claim number.

